

JAN 2 - 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re United States Patent Application of:)	Docket No.:	4258-118
Applicants:)	Conf. No.:	6057
Application No.:)	Art Unit:	
Date Filed:)	Examiner:	
Title:)	Customer No.:	23448
METHOD OF STORING AND/OR TRANSPORTING IN VITRO CELL CULTURES)		

FACSIMILE TRANSMISSION CERTIFICATE**ATTN: OFFICE OF PETITIONS****Fax No. (571) 273-8300**

I hereby certify that this document, along with any enclosures identified herein, is being filed in the United States Patent and Trademark Office, via facsimile transmission to Mail Stop Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date specified below, to United States Patent and Trademark Office facsimile transmission number (571) 273-8300.

6

Number of Pages

Kate Dope

January 2, 2007

Date

**RESPONSE TO NOVEMBER 2, 2006 DECISION UNDER 37 CFR 1.47(a) IN U.S.
PATENT APPLICATION NO. 10/563,033**

Mail Stop Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

ATTN: Office of Petitions, Cliff Congo, Petitions Attorney

Sir:

This responds to the November 2, 2006 Decision under 37 CFR 1.47(a) in the above-identified application.

Adjustment date: 03/05/2007 CKHLOK
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01/03/2007

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Card Refund Total: \$200.00

En Exp.: XXXXXXXXXXXX5004

4258-118

Reconsideration is requested in view of the submission herewith of the Declaration (enclosed in Appendix A hereof) in compliance with 37 CFR 1.63, and the petition fee of \$200.00.

The \$200.00 petition fee is enclosed in the form of a Credit Card Authorization Form directing charging of such amount to the Credit Card identified in such Form.

Inasmuch as the requirements specified in the Decision of November 2, 2006 have now been met, it is requested that the Petition under 37 CFR 1.47(a) be granted.

Respectfully submitted,



Steven J. Hultquist
Reg. No. 28,021
Attorney for Applicants

INTELLECTUAL PROPERTY/
TECHNOLOGY LAW
Phone: (919) 419-9350
Fax: (919) 419-9354
Attorney File No.: 4258-118

Enclosures:
Appendix A [3 pgs.]
Credit Card Form [1 pg.]

The USPTO is hereby authorized to charge any deficiency or credit any overpayment of fees properly payable for this document to Deposit Account No. 083284

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 02/22/07		2 Serial/Patent # 10/563,033										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
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	Cert of Correction/Terminal Disc.			\$								
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10 REASON:			Treasury Check									
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X	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> <td style="width: 20px;">4</td> </tr> </table>				0	8	--	3	2	8	4
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	No Fee Due (Explanation):											
Petitioner paid fee with previously filed petition.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Cliff Congo		TITLE: Attorney										
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OFFICE: Petitions												
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APPROVED:		DATE: 3/5/07										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: